



**DEPARTMENT OF ENVIRONMENT AND CONSERVATION  
TENNESSEE DIVISION OF AIR POLLUTION CONTROL  
ANNUAL INSPECTION**

**Facility No.:** 01-0184  
**State Category:** TM

**Lead Inspector:** JLR

**Date Inspected:** 1/15/14

**On-Site:** ☒ YES ☐ NO

**Company Name:** City of Oak Ridge Animal Control  
**Location address:** 395 Belgrade Road  
**City/State/Zip:** Oak Ridge, TN 37830  
**Mailing Address, if different:** P.O. Box 1

**Responsible Official/Title:** Mark S. Watson, City Manager  
**Phone:** 865-425-3530  
**E-Mail Address:**

**Facility Contact/Title:** Julia Armes, Animal Control Supervisor  
**Phone:** 865-425-0794  
**E-Mail Address:** jarmes@oakridgetn.gov

**Date of the last annual inspection:** 10/31/12  
**Time period covered by this inspection, from:** 10/31/12 **to:** 1/15/14  
**Is inspection partial or comprehensive?** Comprehensive

**Total time required for this inspection (hours):** 8.5

**Was company in compliance during entire inspection time period?** ☒ YES ☐ NO  
If NO, enter data below and explain violation(s) after table.

Violation(s) Description	NOV Date	Issued By (EFO, CV, Permitting)	EAR #
n/a			

**Comments:**

**Current Compliance Status:** ☒ IN ☐ OUT  
If OUT, provide explanation.

**Comments:**

**Description of Facility Operations:** Natural gas fired animal crematory.

**Review Status of Required Reports:**

Include all reports due/reviewed since last AI report

Report Type (SAR, ACC, MACT, CM)	Timeframe Report Covers	Due Date	Received in CO	Received in EFO	Postmarked Date	Reviewed Date	Report Adequate (Y/N) if N, explain below	SL Report Tracking Number
n/a								

Comments:

**Visible Emissions Status/Evaluations:**All emission points observed and no visible emissions seen:   X   YES        NO

Source Number & Stack ID	Date of VEE	Limit/Method	Compliance Status (IN/OUT)

Comments about visible emissions observed if no VEE conducted:

**1) Permit Status:**

For each permit used for this inspection, repeat items 1-5 to include details for each permit.

Permit Number	Source Number(s)	Issue/Amendment/Modification Date	Expiration Date	Next Application Due Date	Next Application Received Date
0667481	01	Issued 12/17/12	1/1/22	11/2/21	
0667481	01	Amended 12/19/12	1/1/22	11/2/21	

Comments:

**2) Mass Emission Limits:**

Source Number	Permit Condition	Condition Limit	Maximum During Review Period
01	6	0.18 lb/hr PM at maximum of 88 lbs/hr charge rate.	Records not required. See Conditions 5 & 9 in Tables 3 and 5.
01	8	0.50 lb/hr SO <sub>2</sub>	Records not required.
01	10	0.08 lb/hr NO <sub>x</sub>	Records not required.

Comments:

**3) Process Parameters (feed rates, input limits, work practice standards, etc.):**

Source Number	Permit Condition	Condition Limit	Maximum During Review Period
01	4	0.9 MMBtu/hr heat input capacity from primary chamber burner & 0.8 MMBtu/hr heat input capacity from secondary chamber.	Records not required.
01	5	750 lbs body weight capacity.	Records not required.
01	5	88 lbs/hr charging rate.	5.7 lbs/hr charging rate on 1/15/14. See Conditions 5 & 9 in Table 5.
01	7	Use natural gas only.	Records not required.

Comments:

**4) Control Equipment Operating Parameters (flow rates, pressure drop, temperature, etc.):**

Source Number	Permit Condition	Condition Limit	Value During On-Site Inspection	Compliance Maintained (Yes/No)
01	14	1600 °F averaged over the period of burn time.	1625 °F	Yes

Comments:

**5) On-Site Review of Facility Records and Operating Logs:**

Source Number	Permit Condition	Type of Record/Log	Review Time Frame	Compliance (Yes/No)
01	5, 9	Weight of the charge components and burn cycle times. Type and weight of material incinerated for each charging period.	12/17/12 - 1/15/14	Yes
01	11	Manufacturers operating recommendations.	12/17/12 - 1/15/14	Yes
01	12	Malfunctions or upsets in equipment.	12/17/12 - 1/15/14	Yes
01	14	Secondary chamber temperature continuously monitored & recorded.	12/17/12 - 1/15/14	Yes

Comments:

**Additional Information:**

A copy of the Department's *Mercury-Added Product Disposal Requirements* was given to the facility for review:   X   YES        NO

Was any complaint received?        YES   X   NO  
If YES, provide comments:

Has open burning occurred at this facility?        YES   X   NO  
If YES, provide comments:

Was any stack testing required?        YES   X   NO  
If YES, provide comments:

Was any stack testing performed?        YES   X   NO  
If YES, provide comments:

Was there any air-related construction/modification?        YES   X   NO  
If YES, provide comments:

Is any air-related construction/modification planned?        YES   X   NO  
If YES, provide comments:

Are there any unpermitted and/or exempt sources (e.g., generators, stationary engines, boilers) that need further attention?        YES   X   NO  
If YES, provide comments:

Janett Rood  
Lead Inspector's Name

2/4/14  
Date

VEE Certification Number: 2205  
Certification Expiration Date: 3/26/14

I verify that the format and content of this report conforms to established TN Division of Air Pollution Control annual inspection standard operational procedures guidance and that the compliance determination made in this report is correct.

Martin L. Capelo  
Supervisor/Manager

2/4/14  
Date